

Instructions for Driver Improvement Clinic Application

1. Complete, in entirety, the application and all attachments. Do not leave any question or sections blank. A Notary Public must notarize this application.
2. All owners, partners, and principal stockholders of the Clinic must answer the questions in Section II & III of the application on an additional sheet of paper. The following must be attached for each owner, partner, or principal stockholder of the Clinic.
 - a. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
 - b. Complete & notarized Consent for Background Investigation form. (See sample forms packet)
 - c. Copy of diploma or certified transcript. A minimum of a high school diploma or GED equivalent is required.
 - d. Fingerprint Cards
 - Complete the following information on each fingerprint card: Residence, place of birth, nationality, age, date of birth, height, weight, race, color of hair, color of eyes, citizenship, social security number, etc.
 - One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
 - An affidavit from a qualified state, county or city officer that the fingerprints are those of the applicant.
 - A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation (GBI) to cover the fingerprint processing fee.

The Following Must Accompany The Application:

3. A continuous surety bond in the principal sum of two thousand, five hundred dollars (\$2,500.00) for the protection of the contractual rights of the students. The surety bond, as specified, must be written by a company authorized to do business in the State of Georgia. (See enclosed sample surety bond form)
4. A copy of the Clinic's business license.
5. A copy of the student contract to be used by the Clinic. Student contracts must be pre-numbered and have the name of the Clinic printed thereon.
6. Sample copies of all forms to be used by the Clinic. This would include evaluation forms, card files, attendance forms, and any handouts given to students.
7. A fee of \$100.00, made payable to the Georgia Department of Motor Vehicle Safety. All fees should be in the form of certified funds.
8. Copy of a fire inspection report dated within 90 days of filing the application.
9. Copy of the Certificate of Incorporation from the Secretary of State if the Clinic is a corporation.
10. A notarized certification of the adopted business name. Per Georgia law O.C.O.G. 10-1-490, any person or company operating under a trade name, adopted business name, or d/b/a name must register that name with the office of the clerk of the Superior Court of the county in which the business is domiciled. The notarized certification that is required by our department, per Rule 375-5-.04(4), is obtained from the clerk of the Superior Court.
11. Copy of curriculum approval certificate from G.A.R.D.E., National Safety Council, USA/Georgia and/or American Institute for Public Safety.

Before any certificate to operate a Driver Improvement Clinic will be issued, all contracts, and forms must be approved and the clinic's facility must be inspected and any violations found during the inspections must be corrected

To Knowingly Make a False Statement or Conceal a Material Fact in this Application will Result in the Cancellation of your Certificate to Operate a Driver Improvement Clinic

Mail the Application and all attachments to: Georgia Department of Motor Vehicle Safety
Commercial Vehicle and Compliance Section
P.O. Box 80447
Conyers, Georgia 30013.



**STATE OF GEORGIA
DEPARTMENT OF MOTOR VEHICLE SAFETY
COMMERCIAL VEHICLE AND COMPLIANCE SECTION
2206 EAST VIEW PARKWAY
P.O. BOX 80447
CONYERS, GA 30013**

DATE ISSUED

DATE EXPIRES

ORIGINAL APPLICATION FOR DRIVER IMPROVEMENT CLINIC CERTIFICATE

Section I – General Information

1. Name of Clinic _____
2. Contact Person _____ 3. Cell Phone # _____
3. E-Mail Address _____
4. Business Address _____
5. Mailing Address _____
6. Clinic Telephone # _____ 7. Clinic Fax # _____
8. Curriculum(s) clinic is certified to instruct: **NSC** ☐ **G.A.R.D.E** ☐
USA/Georgia ☐ **AIPS** ☐
9. Is this clinic a classroom only location? **Yes** ☐ **No** ☐
10. List the instructor name, Department issued instructor certificate number, curriculum certification (i.e. G.A.R.D.E., NSC, USA or AIPS) and certificate expiration date for all instructors employed by your clinic. Please see chart below:

Name	Instructor Certificate Number	Curriculum	Certificate Expiration Date

Section II – Owner Background Information

THE FOLLOWING INFORMATION APPLIES TO THE OWNER AND/OR EACH PARTNER THAT OWNS THE DRIVER IMPROVEMENT CLINIC, OR THE PRESIDENT OF AN ASSOCIATION, OR CORPORATION THAT OWNS THE DRIVER IMPROVEMENT CLINIC. (Make copies of this page if needed)

1. Full Name _____ Title _____
2. Legal Residence Address _____
3. Mailing Address _____
4. Home Telephone # _____ Work Telephone # _____
5. Cell Phone # _____ E-Mail Address _____
6. Occupation _____
7. Are you, your spouse or dependent child (including stepchildren) an employee of the Department of Motor Vehicle Safety? **Yes** ☐ **No** ☐ If so, please explain below:

8. Are there any proceedings now pending against you relative to any crime, misdemeanors, or other violations? **Yes** ☐ **No** ☐ If so, please explain below:

Section III – Supplementary Information

1. Have you ever been convicted of a traffic violation? **Yes** ☐ **No** ☐
If so, when? _____ What was the offense? _____
Location of the offense? _____ More than once? _____
2. Have you ever been licensed in any other state? **Yes** ☐ **No** ☐
If so, what state? _____ For how long? _____
3. Did you ever have a Driver's license revoked, suspended, cancelled, or denied in Georgia or any other state? **Yes** ☐ **No** ☐ If so, where and when? _____
Give last date _____ Have you been licensed since that time? _____
If yes, give date last license was issued _____
4. Are there any proceedings now pending against you relative to any crime, misdemeanors, or violations? **Yes** ☐ **No** ☐ If so, give particulars _____

5. Have you ever been addicted to drugs and/or alcohol? **Yes** ☐ **No** ☐
If so, are you in total abstinence? **Yes** ☐ **No** ☐
6. Have you ever sought treatment for alcohol or drug abuse? **Yes** ☐ **No** ☐
If so, when? _____

7. Have you fully complied in every respect with the Rules and Regulations governing Driver Improvement Instructors? **Yes** ☐ **No** ☐
8. List the names and address of those who own the clinic, individuals, partnerships or principal stockholders of a corporation. (Any individual listed in this section must answer the questions in **Sections II & III** on an additional sheet of paper and attach it along with the required fingerprint cards and photographs.

THIS AFFIDAVIT IS TO BE SIGNED BY THE OWNER AND/OR EACH PARTNER (IF PARTNERSHIP), OR THE PRESIDENT OF THE CORPORATION. (Make copies of this page if needed)

I hereby certify as follows:

- (a) That I am a person(s) of good moral character, at least 21 years of age; and that neither our clinic employees nor myself are mentally incompetent;
- (b) That each student will be informed, prior to the time instructions start, of the nature and amount of any and all fees or charges made for enrollment or registration, tests, and reference materials, and any other service, equipment, or materials provided by the clinic;
- (c) That the theoretical instruction in the clinic will be the material approved by the Department of Motor Vehicle Safety;
- (d) The Driver Improvement Clinic complies with the requirements set forth by the Americans with Disabilities Act of 1990.
- (e) Neither myself as an owner, operator, instructor or employee of a state approved Driver Improvement Clinic nor my spouse, dependent child, dependent stepchild, or dependent adopted child are employed by the Georgia Department of Motor Vehicle Safety; (Rule 375-5-.03)
- (f) Neither myself as an owner, operator, instructor or employee of a state approved Driver Improvement Clinic nor my spouse, dependent child, dependent stepchild, or dependent adopted child are a judge, probation employee, law enforcement officer, or employee of the court. (Rule 375-5-.03)

AFFIDAVIT

STATE OF GEORGIA

COUNTY OF _____

The undersigned being duly sworn says; I am the owner, partner, member of the firm or officer of said corporation or association, applying for a Driver Improvement Clinic License in accordance with the provisions of the Act effective October 15, 1978 and any amendments thereafter, for the purpose of instructing person in Driver Improvement Clinics; and the answers to the foregoing questions are complete and the statements contained in this application are true.

(Signature in Full)

State whether individual owner, partner, member of firm, or owner or officer of a corporation or association. *

Sworn to before me this _____ day of _____, 200 ____.

Notary

Seal Required

Commission Expiration

* If more than one owner, provide affidavit for each owner.



Georgia Department of Motor Vehicle Safety

2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

CONSENT FOR BACKGROUND INVESTIGATION

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include all zeros)	Issue date (Exam date)	State (GA License Required) Georgia	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? ☐ Yes ☐ No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No

If you are now charged, under indictment, or have court hearings pending for any charges, give details below:

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: _____

Return form to the Commercial Vehicle and Compliance Section